## **OLSON HAGEL & FISHBURN, LLP**

Date: 2/24/14

Federal Election Commission 999 E St., NW Washington, D.C. 20463

RE:	ANNA PAC ID#			
	Period	through		
		Enclosed is the original and copy(ies)		
		Enclosed are two copies		
	of the followin	g document for the above referenced Committee:		
		FEC3 or FEC3X		
		FECI Enitial		
		FEC5		
	Please	e endorse one copy of the document as proof of receipt		
	Please	e endorse this transmittal letter as proof of receipt		
	and return to u	s per the enclosed envelope or via courier.		
Since	rely,			
OLSO	ON, HAGEL &	FISHBURN LLP		

**CAMPAIGN REPORTS DIVISION** 

Client No. 40387.01/bg

555 Capitol Mall, Suite 1425 Sacramento, California 95814 Phone: (916) 442-2952 Facsimile: (916) 442-1280

## 14031190771

FEC FORM

## STATEMENT OF ORGANIZATION

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FORM 1					F EMG DEADHL CENTER
1. NAME OF COMMITTEE (In full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	Marca Barandona
Anna PAC					
1	1 1 1				
	555 (	Capitol Mall, Su	ite 1425	•	ı
ADDRESS (number and street)	لــلــا			<del></del>	
(Check if address	سيا				25214
is changed)	Sacr	amento		CA	95814
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	•	•	-mail address)		
Printed and the second second	info	@olsonhagel.com			
(Check if address is changed)	1				1
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COMMITTEE'S WEB PAGE AD	DRESS	(URL)			
	1.	. ,			
(Check if address ls changed)	<u> </u>				<u>                                     </u>
is olidingou,	LL		<u> </u>		
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2. DATE 02 1		2014			
3. FEC IDENTIFICATION N	UMBER	C			
0. 120 152111111011101111		kerindensi			
		14/AD OD	C AVENDED (A)		
4. IS THIS STATEMENT X	NE	W (N) OR	AMENDED (A)		
I certify that I have examined t	his State	ment and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasure	r <u>Cbr</u>	fistopher Ream	<i>( ( ( ( ( ( ( ( ( (</i>		
	1 1	full to	- Kon	- West	
Signature of Treasurer		magui	1 Cem	Date C	3 67 8679
NOTE: Submission of false, error			may subject the person signing ON SHOULD BE REPORTED		
Office			For further information		FEC FORM 1
Use Only			Federal Election Committee Foundation Free 800-424-9530 Local 202-694-1100	ssion	(Revised 02/2009)

	FE	Form 1 (Revised 02/2009)	Page 2					
5.		F COMMITTEE						
	Candi	date Committee:						
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate					
	Name o Candida	·						
	Candida Party Af		State					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name o Candida							
	Party	Committee:						
	(d)	(National, State	emocratic, publican, etc.) Party.					
	Politic	al Action Committee (PAC):						
		<b>ra</b>	-Ad					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:					
		Corporation Corporation w/o Capital Stock	abor Organization					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
	<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segmentation committee. (i.e., nonconnected committee)	egated fund or party					
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint F	undraising Representative:						
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
	(	Committees Participating in Joint Fundraiser						
		. FEC ID number C						
	:	2.             FEC ID number						
	;	3.						
	4	4.						

· ·		
FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		
Anna PAC	·	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
The Honorable Anna Eshop	<u> </u>	1
	<u> </u>	
Mailing Address	555 Capidol Mall, Suite 1425	
	Sacramento	
		IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative X Lead	ership PAC Sponsor
s	. ,	
	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
books and records.	•	
Richard	Rios	
Full Name		
Mailing Address	555 Capitol Mall, Suite 1425	<u> </u>
	Sacramento CA 95814	
Title or Position	CITY STATE Z	IP CODE
Custodian of Records	, 916 , 442	2952
	Telephone number	
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number — optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Christon	oher Ream	
	2600 El Camino Real, Suite 410	
Mailing Address		
	Palo Alto	
<b>T</b> U <b>D</b>	CITY STATE ZI	P CODE
Title or Position <sub>I</sub> Treasurer	1650 1-1424	0821
	Telephone number	

Page 4

Name of Bank, Depository, etc.

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Mailing Address

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STATE

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PREPARER DATE PREPARED (8/2013)